

Steven Chiaberta

Psychological Counsellor

CCSA (Registered Counsellor); BA (Psych (Maj), UNISA)

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The Protection of Personal Information Act 4 of 2013

Consent for the processing and use of personal information

I, _____, (full name)
understand and agree that:

1. **Counselling services require the collection, storage, usage, handling, transfer, and other management of personal information.** To discharge this service, Steven Chiaberta requires my express and informed permission to collect and to process my personal information (or that of my dependents who are unable to provide their own consent).
2. **I consent to Steven Chiaberta sharing my personal information** with selected healthcare providers (including supervisors and emergency medical practitioners), and any others necessary for the provision of any service to me, in consultation with me.
3. I further agree that personal information provided to Steven Chiaberta will be used:
 - If necessary, to produce a report to his practice's indemnity or insurance providers, which will be protected by the providers' confidentiality agreement.
 - To comply with obligations required by any legislation affecting this practice.
 - To protect the legitimate interests of his practice under confidentiality agreements.
 - For medical research and/or training purposes, in consultation with me, in which case my identifying particulars will be kept confidential.
 - To provide emergency counselling services to me/my dependents.

- To retain records in terms of statutory and ethical limits.
 - If Steven Chiaberta is subpoenaed by a court of law to provide testimony.
4. **Storage of personal information:** My personal information will be stored electronically and in paper copy. Electronic information is stored in password protected documents on a password protected PC. Paper copies of personal information are stored in a locked cabinet. After I am no longer an active client, my personal information will be retained for as long as regulation and/or practice's indemnity/insurance providers require it.
5. **Retention of personal information:** The practice will not retain personal information for longer than is necessary and for the required purpose. The exceptions to the above principle specifically provided in POPIA are where –
- The retention of the record is required or authorised by law.
 - The practice reasonably requires the record for lawful purposes related to its functions or activities.
 - The retention of the record is required in terms of an agreement between the practice and myself.
 - The record is retained for historical purposes, with the practice having established appropriate safeguards against the record being used for any other purpose.
 - When the personal information is no longer required, it shall be destroyed or deleted in a manner that prevents their reconstruction in an intelligible form.
6. **Transfer outside South Africa:** I agree to the practice transferring any personal information outside of the borders of South Africa to its indemnity providers that has in place similar privacy laws to POPIA, or the recipient is bound contractually to no lesser terms of POPIA.
7. **Objection to processing:** I understand that I have the right to object to the practice processing my personal information, on reasonable grounds. On receipt of my notice of objection with reasons, the practice shall hold any further processing of my personal information until my objection has been addressed, resolved, withdrawn, or upheld and accepted by the practice. If my objection is upheld, no further processing of my personal information shall be done by the practice.
8. **Right to withdraw consent:** I understand that I have the right to withdraw my consent for the processing of my personal information at any time. I understand that I can revoke consent for any specific healthcare provider, or person who has access to my personal information. Once this information is captured and updated, my personal

information will no longer be shared. I understand and agree that this may affect Steven Chiaberta's ability to provide counselling services. Records of the counselling process will necessarily be stored in line with point 5 (Storage of personal data).

9. **Access:** I have the right, at any time, to request details of any of my personal information that the practice holds. Such a request must be made in writing to the practice.
10. **Correction/Deletion** I have the right to request the practice to correct and/or delete personal information that is inaccurate, irrelevant, excessive, out-of-date, incomplete, or misleading. The practice will not be liable for inaccurate information because of out-of-date personal information. I have the right to request the practice to destroy or to delete a record of my personal information that the practice is no longer authorised to retain in terms of any other law.
11. I agree:
- I will not hold the practice responsible for any loss or damage (whether direct or indirect) that may arise from the use of my personal information.
 - I may not hold the practice responsible for any loss or damage that may result from the incorrect use or disclosure of the information by any service provider to whom the practice has provided the personal information.
 - I had sufficient opportunity to ask questions about this consent form and to have said questions answered to my satisfaction by Steven Chiaberta.
12. **My consent is provided of my own free will** without any undue influence from any person whatsoever.
13. I confirm that **I have the assent of my dependant(s) to give their consent**, where such consent has been provided.
14. I understand that I have the right to have my personal information processed in accordance with the eight conditions of lawful processing of personal information as set out in POPIA ([which can be read here](#)).

Signature: _____

Date: _____